

**California Health and Human Services Agency
Committee for the Protection of Human Subjects**

**New Project Application and Review Checklist
For California Information Practices Act Review Only**

Date: _____
Project Title: _____

Institutional Affiliation: _____
Principal Investigator (PI): _____
Mailing Address: _____
Telephone: _____ Fax: _____ E-mail: _____

**THIS SHADED
AREA FOR CPHS
REVIEWERS ONLY**
Project Number: _____
Reviewer Concur:

- | | | |
|---|--|--|
| 1. Are adequate justifications provided in the protocol for both the quantity of the data and the variables being requested? (No more than minimum necessary is requested) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the data set to be linked with any other data sets?
If yes , are all data sets identified and each of the variables listed and justified for each linkage? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will a third party be used to perform the data matching?
If yes , has evidence been provided of the third party's ability to protect confidential, sensitive information? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is an adequate plan provided in the protocol to protect the data from improper use, including the implementation of effective administrative, physical, and technical safeguards:
Locked cabinets or rooms?
Computer password protected?
Access limited to authorized personnel only?
Data transported by secure carrier only?
Computer not accessible to Internet
Laptop computer never left unattended in a car or other unsecure location | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has a commitment been made in the protocol that the data will not be reused or provided to any unauthorized person or entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has a commitment been stated in the protocol to not publish information that could possibly lead to identification of individual subjects? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has an adequate plan been provided in the protocol to destroy or return the data as soon as it is no longer needed for research? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will the research likely involve small cells or small numbers?
If yes , have appropriate and sufficient methods to protect the identity of individual subjects been described in the protocol? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Has adequate information been provided in the protocol to Demonstrate that the research is scientifically sound? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Are Social Security Numbers to be used in the research? ☐ Yes ☐ No ☐ Yes ☐ No
 If yes, is adequate explanation provided why other unique Identifiers (not linked to SSN) cannot be used? ☐ Yes ☐ No ☐ Yes ☐ No

11. List the formal names of State databases to be used in this research project.

Department	Name of Database(s)/Specimen(s)

Principal Investigator's Signature: _____ Date: _____

CPHS Expedited Review Use Only (completed by Reviewer) Project #:_____

☐ Approved for Information Practices Act ☐ Approval deferred pending minor revisions

☐ Referred to Full Committee

Reasons for referral to Full Committee:

Comments and additional information:

If revisions required, check one of the following options:

☐ CPHS Reviewer must confirm revisions

☐ CPHS Staff may confirm revisions

CPHS Reviewer's Signature_____ Date:_____

CPHS staff has confirmed revisions with all reviewers: Initials:_____ Date: _____

CPHS staff has confirmed approval of all reviewers: Initials:_____ Date: _____